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ABSTRACT

This paper identifies and conceptualizes the problem of perfectionism and describes one treatment approach and its rationale. Sections include: (1) conceptualizing perfectionism; (2) defining perfectionism; (3) symptoms of perfectionism; and (4) overcoming perfectionism - a group treatment approach. The treatment of perfectionism is discussed within the framework of cognitive theory. The organization and running of the group treatment is discussed and agendas are given for each of seven group sessions. The need for a reliable and valid instrument with which to measure perfectionism, its correlates, and the outcomes of treatment is noted. The appendix contains a list of 15 cognitive distortions and brief explanations of each term. References are included. (NB)

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TREATMENT OF PERFECTIONISM

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TABLE OF CONTENTS

	Page
Introduction	1
Conceptualizing Perfectionism	1
Defining Perfectionism	2
Symptoms of Perfectionism	5
Overcoming Perfectionism - A Group Treatment Approach	7
Session One	9
Session Two	11
Session Three	12
Session Four	13
Session Five	14
Session Six	16
Session Seven	18
One Final Thought...	20
Appendix A	21
References	22

Introduction

A counseling case load will eventually include an individual who reports a variety of problems such as depression, procrastination, social anxiety, stress, and low self-esteem even though their life circumstances seem to be quite stable and productive. These problems may be the consequence of a perfectionistic approach to life and may respond to a treatment plan which produces changes in this attitude. The purpose of this paper is to identify and conceptualize the problem of perfectionism, and to describe one treatment approach and its rationale.

The literature on perfectionism is quite sparse. Current interest in it was sparked by an excellent article by David Burns, M.D. which appeared in Psychology Today in 1980 (Burns, 1980a). Burns has also written about specific interventions for perfectionism in Feeling Good: The New Mood Therapy (Burns 1980b), and has brought it to the attention of the general public through TV appearances and interviews. John Barrow and Carol Moore, in a more recent article, outlined the cognitive approach to group work with perfectionistic thinking (Barrow and Moore, 1983). A somewhat earlier article discusses perfectionism from a psychodynamic point of view (Hamachek, 1978).

While the articles themselves are good, the body of literature itself in anorexic. Some insight into this deficiency may be provided by a New Yorker cartoon which shows a portly, obviously successful man entertaining friends on his yacht and saying, "I used to think I was highly motivated. By the time I found out I was merely compulsive, I'd already made my pile" (Stevenson, 1975, The New Yorker Magazine, Inc.) Perhaps the paucity of attention to perfectionism has occurred because there is some degree of difficulty in taking it seriously as a problem. The student who complains of depression after obtaining a 3.8 GPA instead of a 4.0 GPA is likely to receive much more resentment than sympathy.

Being perfectionistic does confer powerful benefits, at least initially. These may come in the form of good grades, respect and recognition from others, promotion, the challenge of pursuing high ideals, and the satisfactions of a job well done. Others may give praise for being conscientious, responsible, organized, and hard-working. In its beginnings, perfectionism is very ego-syntonic.

The disadvantages of perfectionism, such as frequent or chronic depression, low self-esteem, troubled relationships, and psychosomatic problems, begin to occur after the perfectionistic behaviors are entrenched, difficult to change, and have become ego-dystonic. In my treatment groups I have consistently found the participants (all college students) to be older than average college age, reflecting the accrued disadvantages of perfectionistic behavior over a period of years.

Conceptualizing Perfectionism

Intriguing ideas about perfectionism can be found in many of the traditional theories in psychology and psychiatry. The Freudian view, for example, assigns an impulse toward perfectionism to the superego (Phares, 1985, p. 70). In this view the more successful the superego in its conflicts with the libido, and the more skillfully it can overcome the rationality of the ego, the more an individual's behavior is likely to be directed by the perfectionistic demands of his or her conscience. Since the superego is thought to be formed by the ideals and values of society, the etiology should therefore be sought in these expectations as they are transmitted to the child by parents and others.

Karen Horney would assign more weight to the ego which, in her view, chooses one of three basic stances in relation to others: to move toward others, away from them, or against them (Horney, 1937). Perfectionism, in this scheme, is viewed as moving against others.

Several theories, which do not address perfectionism per se, nevertheless provide constructs from which an explanation may be derived. Adler's Individual Psychology, for example, postulates that the basic motivation we all share is a striving for superiority (Adler, 1924). This need will propel us toward perfection.

In Carl Rogers' phenomenological theory the primary motivator is the drive to maintain and enhance the self, to become a fully functioning person (Rogers, 1961). Such a person lives each moment to its fullest, responds to life creatively, and lives up to their full potential by completely using their talents and capacities. Such extraordinarily high goals easily set the stage for perfectionism.

Traditional learning theory provides some excellent conceptual tools. Perfectionism can be viewed as the result of avoidance conditioning via negative reinforcement. An individual learns to avoid negative reinforcers such as criticism and condemnation by attempting to perform flawlessly. The variable ratio reinforcement schedule resulting from periodic absences of criticism or condemnation would maintain the behavior.

While each of these approaches has a certain merit, the problem of perfectionism has been most closely addressed by cognitive theory and cognitive therapy. Cognitive theory views perfectionism as resulting from a network of unrealistic assumptions about life and oneself, plus habitual patterns of self-talk that perpetuate distorted thinking (Burns, 1980a; Barrow and Moore, 1983). This paper will discuss the treatment of perfectionism within the framework of cognitive theory. (While this perspective provides advantages from the standpoint of theoretical clarity and therapeutic focus, it should be recognized that cognitive theory offers few clues to the genesis of a problem such as perfectionism and needs to be supplemented in this area.)

Defining Perfectionism

Although perfectionism is treated by cognitive theory as a

problem resulting from irrational and distorted thinking, and although it typically includes affective disturbances such as depression and anxiety, it is not identified as a thought disorder nor as an affective disorder. Certainly in milder form it would not be regarded as a disorder at all, and even a suitable DSM-III "V" code could not be found. In more severe form, however, it may readily be regarded as a disorder and, in my view, would be classified as a personality disorder. In the classification of personality disorders devised by Millon (Millon & Everly, 1985), it would be most closely associated with Compulsive Personality Disorder.

Millon identifies two basic behavior patterns - active and passive - and four basic sources of reinforcement: oneself, others, confusion between onself and others, and detachment from oneself and others. Compulsive Personality Disorder, in this scheme, is identified as having a basic behavior pattern of passivity and a basic source of reinforcement which is confused between oneself and others. An individual appropriate for this diagnosis is restricted, colorless, rigid, rule-bound, and highly self-critical (Millon & Everly, 1985).

This definition, while closely approximating a common understanding of perfectionism, does not include a recognition of the tendency to set extremely high standards and goals. Burns (1980a) characterizes a perfectionistic person as one who sets unrealistically high standards, adheres to them rigidly, and who equates self-worth with performance. While there is overlap between Burns' definition and Millon's description of the Compulsive Personlity Disorder, Burns' definition adds the criteria that standards must be extremely high and self-worth must be based on performance. When combined, these two definitions provide a picture of the perfectionistic person as an individal who has a compulsive personality pattern and who, in addition, sets extremely high standards.

To flesh out this definition somewhat, the perfectionistic person lacks security about their own value except as it is acquired by attaining unrealistically high goals, who passively accepts such standards and strives for them out of fear of the consequences of failure rather than hope for the rewards of success. This person is unclear about the origin of their standards, rules, and regulations, whether these are autonomously selected or are required by others, but will nevertheless adhere to them dogmatically and will engage in severe self-criticism for even minor shortcomings.

In my experience a person who is perfectionistic will also be above average in intelligence. This observation may, of course, be an artifact of my work with college students who, by definition, are above average in intelligence. In my private work, however, I have also found that those individuals who are perfectionistic have generally higher capabilities. It may be that when persons of greater or of lesser capabilities are faced with the formative events of life, only those of greater capability find success and reinforcement in the pursuit of high levels of performance.

Millon believes that such formative situations occur most significantly between the ages of one and six when the child is

developing autonomy and exploratory behavior (Millon & Everly, 1985). If these excursions are countered with harsh discipline and withdrawal of love and support by the parents, the child fails to develop a sense of autonomy and competence and at the same time learns that mastery of rigid standards is the desired behavior. The same outcome may occur if the standards are only implied rather than directly enforced (Barrow and Moore, 1983). The parents in this case may be perfectionistic themselves and the child imitates their behavior, learning to abhor mistakes and maintain high standards. This background is often found in the families of children who develop anorexia nervosa, a disorder noted for perfectionistic tendencies (Bruch, 1978).

Another situation which can plausibly generate perfectionistic behavior from childhood involves an absence of clearly established standards (Hamachek, 1978). The child in this situation may solve the problem by setting his or her own standards. These may be drawn from a number of sources such as the media, teachers, relatives, or neighbors. The child is likely to overestimate how well these models do what they do and how well he or she should perform to measure up. In my experience this situation is likely to occur in families in which one or both parents is alcoholic. The child presumably responds to the chaos of the family by looking elsewhere for models. In informal surveys of my perfectionism groups, I have at times found up to 80% of the members to be adult children of alcoholics.

I have also found that approximately 20% of the participants are "Type II" perfectionists. The perfectionistic characteristics discussed earlier typify a "Type I" perfectionist - i.e., compulsivity, striving for unattainable goals, rigidity. Type II perfectionists appear, on the surface, to be very different. These are people who are very "laid back," who take life quite casually. As college students they may sign up for several classes, drop some, attend lectures sporadically, procrastinate on papers, and generally be nonchalant about the educational process. They are unlikely to undertake or persist in a degree program. If they seek counseling, it may be for low motivation or procrastination. A man I saw in my private practice had worked for 15 years as the manager of a liquor store, though this position was well below his capabilities and he had the support of his wife and the financial ability to make a change. He sought counseling for help in choosing a new career direction but was unwilling to explore the reasons behind his general inertia and consequently was not able to carry through his wish to make a change.

For a Type II perfectionist the perfectionism does not become evident until one explores beneath the surface and finds the same extraordinary aspirations and rigidity about rules and regulations. The Type II perfectionist, however, has at some point recognized the stress and frustration experienced when in pursuit of a goal, and has solved this problem by choosing to eliminate goals. This shift enables the person to live in a much more relaxed and comfortable manner, but confines them to a state of stagnation since any decision to undertake a new goal brings the perfectionistic standards back into play.

Most people who are perfectionistic, however, are Type I. Few of them are perfectionistic in all aspects of their lives, and few would be likely to qualify for a clinical diagnosis of Compulsive Personality Disorder. It is probably useful to think of perfectionism as a continuum ranging from mild to the full syndrome which includes the more severe characteristics of Compulsive Personality Disorder such as inflexibility, righteousness, and constricted emotions, as well as the equating of self-worth with performance according to near-impossible standards.

There is an apparent similarity between the behavior of someone who is perfectionistic and someone diagnosed as having an Obsessive-Compulsive disorder. One can ask, for example, whether Felix Ungar as portrayed by Jack Lemmon in "The Odd Couple" was perfectionistic or was displaying an Obsessive-Compulsive disorder. Since his behavior was ego-syntonic and he was proud of his meticulousness and attention to detail, a diagnosis of Obsessive-Compulsive Disorder, at least according to DSM-III standards, is not viable. Although the relationship between obsessive behavior and Obsessive-Compulsive Disorder is a matter of some disagreement among professionals, the weight of the evidence suggests that they are not related.

Rachman and Hodgson (1980) used a questionnaire designed to measure Obsessive-Compulsive Disorder and found that persons with an obsessive personality scored no higher than other neurotic categories, whereas persons with Obsessive-Compulsive Disorder scored significantly higher. From this and other evidence it has been concluded that "individuals who are meticulous and lead a well-ordered life are no more likely to develop an Obsessive-Compulsive Disorder than other individuals" (Rosenhan and Seligman, 1984, p. 241).

To distinguish between perfectionism and Obsessive-Compulsive Disorder on the basis of whether or not the behavior is ego-dystonic, however, does not fully resolve the issue. Perfectionistic behavior is initially ego-syntonic because of all the advantages it confers. It eventually becomes ego-dystonic as the negative aspects become apparent. A universal experience among perfectionistic people is to have been told that life would be more pleasant if only they would quit being so perfectionistic. The typical response is to agree, to resolve to be different, and to discover a few days or weeks later that the perfectionistic behavior is as bad as ever, if not worse. As with neurotic behavior in general, change requires something more than a single application of will-power.

Symptoms of Perfectionism

Symptoms of perfectionism include moodiness and depression. Perfectionistic people, almost by definition, have low self-esteem as a result of the consistent failure to meet high standards, even though they may appear to be doing extremely well in the eyes of others. They may experience a great deal of difficulty making decisions. They frequently procrastinate, usually as a reaction to the pressures that

will accrue when a task is begun. (An average of 80% of my perfectionism group members complain of procrastination.)

Perfectionistic people may complain of generally feeling anxious, or may cite specific anxieties over social relationships, tests, or other performance situations. When their moments of success occur, the enjoyment will be short-lived, probably a matter of minutes. They may fear failure but are also likely to fear success since it means that the high standard which has been achieved will now be routinely expected and that to continue to excel a new, even higher standard must be adopted. They are likely to be intolerant of imperfections in others and, consequently, to suffer from loneliness. They may complain of stress-related problems such as headaches, digestive difficulties, or insomnia.

It is important to distinguish between what Burns calls "the healthy pursuit of excellence" and perfectionistic behavior (Burns, 1980a). The behavior in both situations may appear to an observer to be essentially the same. Over time, however, the behavior of an individual pursuing excellence in a healthy manner will be self-enhancing and the behavior of the perfectionistic individual will be self-defeating and result in impaired productivity. For example, Burns studied a group of highly successful insurance agents and found that those who had "perfectionistic cognitive styles" earned an average of $15,000 less per year than the nonperfectionists (Burns, 1980a).

As previously noted, perfectionism also results in lowered confidence and self-esteem. A study done by Howard Garland at the University of Texas at Austin illustrates this process (Garland, 1982). The subjects, all undergraduate college students, were presented with five adjectives (e.g., round, green) and given one minute each to think of objects that fit the adjective. They were also subdivided into three groups. One group was told that the number of objects usually named was 4, another group was told it was 9, and the third group was told that it was 14. Students in the first group produced an average of 6.2 objects, the second group an average of 8.34, and the third group an average of 8.87. Those students who had been given the highest expectations in fact performed the best. They also experienced the greatest degree of failure. When all groups were asked to rate how much they had enjoyed the task, those who had performed the best gave the lowest enjoyment ratings. When one imagines this pattern - setting high standards and doing well but experiencing significant failure - repeated day after day, year after year in various situations, the self-defeating nature of perfectionism becomes clear.

Initially, however, perfectionistic behavior is regarded as advantageous, often as the person's most prized characteristic. It alone is seen as having provided however much self-esteem they have been able to accrue. There is sure to be a tremendous amount of fear that, if the high standards are lowered, one's chance for self-esteem will diminish in proportion. The thought of being average is exceedingly repugnant.

It usually takes a considerable amount of time for perfectionistic standards to complete the switch from ego-syntonic to ego-dystonic. It would not be unusual to find ten or even twenty years passing before the transition is complete. In my counseling practice I frequently talk with students who are suffering from depression, low self-esteem, assorted academic anxieties, and so forth, and who are startled to see the connection between these concerns and their perfectionistic attitudes. When the connection is made, it often causes an "Aha!" experience as an understanding of the dynamics behind a whole set of problems falls into place.

When I first began offering the group, I advertised it as a "Perfectionism Group" but soon changed the title to "Overcoming Perfectionism" as a result of students seeking to join so they could learn how to be perfectionistic. (I have also become aware of highly-perfectionistic individuals who screen themselves out of the group by believing that they would not be good enough to qualify for membership.)

Overcoming Perfectionism - A Group Treatment Approach

Group treatment begins, in my view, with the announcements that are disseminated. I list symptoms of perfectionism, along with the basic what, where, when data, and this list itself brings in a number of students who say they had never thought of themselves as perfectionistic but find that they identify with many of the symptoms.

When I first offered the group, I assumed that attendance would initially be low and that it would take approximately a year to educate the campus community about the problem of perfectionism and the availability of treatment. I was mistaken in both of these assumptions. The first group filled immediately and a waiting list developed, a pattern which has continued during four subsequent years of quarterly offerings.

I schedule a 15-30 minute screening interview with each interested student and use this time both to determine if the student is suitable for the group and to begin "socializing" the individual to the group process and the cognitive approach. I discuss the group format, exercises that will be used, the rationale of cognitive therapy, and I try to allay any fears or misconceptions that may exist.

I rarely screen anyone out of the group. Because of this, I decided one quarter to drop the time-consuming process and take students on a first-come, first-serve basis. The disastrous results returned me immediately to screening. That group contained three monopolizing individuals, one of whom was quite histrionic and unable to focus on a given topic for more than a few moments. This group, understandably, had a high dropout rate in which I was greatly tempted to include myself.

Examples of individuals I have excluded from the group include one who was so vague about her own behavior, what she wanted from the

group, and so uncomprehending of my explanations that neither she nor I could determine whether she was perfectionistic and I could not see any potential benefit from adding her to the group, either to herself or to the others. Another was a woman beset with a multitude of problems including chronic depression, marked dependency on parents, minimal social skills, and medical problems related to obesity. Perfectionism was one of the least of her worries. The third was a man whose shyness created an almost total inability to express himself even in a one-to-one situation, and who would have been overwhelmed and possibly made worse by the group situation. I have also excluded individuals whose glacial progress in prior counseling indicated that they would retard the progress of the group in general. Most commonly an individual will be unclear about perfectionism and the type of help provided by the group and, after some discussion, will share my conclusion that they are not perfectionistic and the group is not relevant. Referrals are of course given to anyone who does not become a member of the group.

In hindsight I have at times included individuals who did not appear to benefit from the group. One member attended the group religiously, but her participation seemed out of step with the others. She talked often about how well she was doing but her manner was oddly disengaged and abstract. Several months after the group ended she arrived in my office at the tail end of a manic episode and had to be hospitalized. The most common of these false positives have been persons whose degree of perfectionism was either unclear or so minimal that they began the group as a further test to see if it would be relevant, found it was not, and dropped out.

By and large the students who have participated have reported changes in their behavior and self-esteem, sometimes dramatically so. Pre- and post-tests, while admittedly an unreliable method of assessing change, have shown change scores ranging up to 15 point on a 40 point scale. Though statistically suspect, these scores nevertheless serve to reinforce the changes that have been experienced and to motivate the individual to work at maintaining and increasing the benefits.

The group is scheduled to meet once a week for two hours during an eight week period, though in actual practice I have rarely achieved more than seven meetings due to holidays, conferences, occasional illness, and so forth. I will shortly describe the plan for each of these seven meetings.

A certain amount of attrition is to be expected, although this has not been a significant problem with these groups. Nevertheless it is predictable that around mid-quarter a few students will find themselves so stressed by demands on their time (a common situation for most perfectionists) that something must go. Ironically, they sometimes choose to drop the one activity which promises to help them with the stress they are experiencing. The group size is limited to 15 and this number will shrink to between 8 and 12 by the end of a quarter.

The group is conducted in an educational mode with a considerable

amount of time allotted to exercises and discussion. The primary goals are to teach cognitive theory as a means of understanding perfectionism, to develop specific skills in bringing about desired changes, and to master those skills and their rationale so that they can continue to be applied after the group has ended.

The group is not intended as therapy. Very little time is spend tracing the origins of each individual's perfectionism, and the group members are not expected to develop "encounter" skills or to deal with the process of their own interactions. A degree of group cohesion inevitably develops but, unlike groups taking a psychotherapy approach (Yalom, 1975), the group cohesion is not pursued as an end in itself nor relied on as a change agent.

The task of the leader is to provide an understanding of perfectionism, to explain the cognitive approach, to establish an atmosphere which permits open discussion and uncoerced self-disclosure, and to train participants in the application of cognitive skills. The participants are told that each meeting is planned. They arrive expecting an agenda of what is to occur. Since people who are perfectionistic usually function most comfortably in a structured, organized situation, this approach has proved a useful way to pace their preferred style. Within the structure, however, the leader has considerable flexibility to work with issues as they emerge.

Session One

Most participants will be unacquainted with each other but will have met the leader in the screening interview. It is therefore useful for the leader to arrive early to greet them as they arrive. Participants will appreciate not having to sit in an awkward and self-conscious silence. A small amount of 'red tape' such as filling out information cards will help most people, especially the more introverted, through these anxious minutes.

The agenda for the first session includes a discussion by the leader of the goals of the group. This is basically an outline of what will be covered during the seven weeks:

1. To define perfectionism and distinguish it from a healthy pursuit of excellence.
2. To identify its advantages and disadvantages.
3. To identify individually the areas of activity in which perfectionism ococurs.
4. To discuss how this behavior has developed and, especially, to identify how it is reinforced.
5. To learn the cognitive model for understanding perfectionism.
6. To learn and become skilled in identifying cognitive distortions.
7. To develop and put into practice more realistic ways of thinking.
8. To identify basic assumptions underlying perfectionism.

9. To develop more realistic assumptions and goals.
10. To develop a healthy pursuit of excellence and to increase self-esteem.

It is useful to discuss "norms" or ground rules for the group. I explain, for example, that I make the assumption that the members are using the first session to test the water and make a decision about whether the group seems to be "OK" and potentially useful. I request that, if they decide to continue, they make a commitment to attend each meeting. I explain that the meetings are organized sequentially and missing even one will reduce the effectiveness of the process. I ask that they put the group at or near the top of their list of priorities so that, for example, having an examination the next day would not be a sufficient reason to miss a meeting. I also request, given unavoidable circumstances which will cause them to miss a meeting or to be late, that they contact me or another member with this information. This will help starting on time and also avoid unnecessary worry over why someone has not arrived. The latter point is especially important. Group cohesion is facilitated when the members, whose capacity to create disaster fantasies and to personalize is established by their need for the group, are prevented from doing so in this instance by receiving clear information.

I indicate that we will start on time and stop on time. In instances which might require continuing briefly beyond the scheduled stopping time, I suggest that they can stay if they wish but also leave if they wish and to do so without guilt or fear that they are being impolite. One might expect a group of perfectionistic people to arrive on time, but this is not the case. There are usually a few members, especially those who are Type II perfectionists, who are frequently and reliably late.

I encourage participation but also suggest that each person enter into the discussions at their own pace. This recommendation is intended to recognize that people do have different levels of comfort about speaking in a group, to suggest especially to those who are more hesitant that their hesitation will be respected, and also to make an indirect suggestion that participation will eventually occur.

I also establish a ground rule of confidentiality and stress that identifying members to outsiders by name or by sufficient information to make them identifiable to someone who knows them is a breach of confidentiality. It is permissible to talk to outsiders in general terms about the concepts and content of the group; it is not permissible to talk about other members by name or to identify their particular concerns or problems.

Since the level of anxiety about speaking in the group is usually high during the first meeting, I use an introduction exercise which requires the person being introduced <u>not</u> to talk. This usually results in their being more than ready to talk when it as allowed. The exercise requires a set of questions such as "Where did you grow up?," "What is your favorite TV show?," and, as a final question, "How anxious are you about coming to this group today?" The first person being introduced is allowed to say only his or her name. The next two

people in the circle (the group sits in a circle) pair up to intuit that individual's probable answer to the first questions, the next pair considers the second question, and so on. After a brief time to arrive at answers, there is a "round" for each pair to give their guess (which is often entertaining and sometimes surprisingly accurate), following which the person being introduced is allowed to tell the others how well they did and to give the real answers. When the next person in the circle is introduced, the pairing and the questions considered by each pair is adjusted accordingly. The exercise is nonthreatening, somewhat playful, allows each person to speak frequently with those on either side, and begins participation in the group. The last question defuses the general anxiety, allowing it to be addressed directly and permitting those who are anxious to see that they are not alone.

Toward the end of this session the Perfectionism Scale (Burns, 1980a) is administered. This scale gives each member an indication of their degree of perfectionism. Scores range from -20 to +20 with scores from 0 to +20 indicating increasing degrees of perfectionism. Scores within the groups have averaged 8-10 in most groups, often with a wide range. Members have scored as low as -2 and as high as 20.

Participants are asked to observe themselves for the coming week in order to notice the areas of their life in which they are perfectionistic. Typical areas include school, grades, papers, speaking to others, expectations of others, clothes, housekeeping, and time. This assignment is useful in helping them to discriminate and to create an awareness that there are areas of their life in which they function well without being perfectionistic while in other areas they believe they will not function well unless they are perfectionistic. Very rarely will a participant be unable to identify an area in which he or she is not perfectionistic.

The group is also told to expect a sequence of feelings in relation to the group itself. It is suggested that they may begin with a very positive outlook due to having resolved to do something about their problem and having found a source of help. This may be followed in a week or two by a negative outlook as they discover that change is not immediate, followed finally by a realistic outlook as the amount of work to do becomes clearer and the first benefits begin to be noticed. Most participants report change occurring by the third or fourth week, and these experiences are discussed in the group in order to reinforce the process.

Session Two

The second session begins with a "round" of re-introductions since all but the most extroverted are likely to have forgotten everyone's name in the intervening week. New members are introduced. (I permit new members to join through the second session.)

I ask for a show of hands by all those who, in addition to being perfectionistic, have problems with procrastination. In a typical group around 80% of the members will raise their hands. This question

produces a certain amount of camaradarie among those who do procrastinate. Those who do not gain a pleasant sense of relief that at least they do not have this problem too.

In terms of social desirability there is very little stigma attached to procrastination and it tends to be regarded, in the abstract, with a certain amount of humor. There is also very little stigma attached to being perfectionistic and it is usually regarded, again in the abstract, as an honorable sort of problem. This creates a considerable advantage in drawing power when a perfectionism group is announced. Many people are likely to avoid associating themselves with topics such as depression, loneliness, or shyness, but most will readily admit to having problems with perfectionism.

The topic of procrastination leads easily to an opportunity to describe two types of perfectionism - Type I and Type II - and produces a considerable amount of self-disclosure by members related to how they see themselves. This discussion can the be facilitated by raising the broader questions of what brings each person to the group, how does being perfectionistic affect them, and, based on their self-observation during the past week, what are their areas of perfectionism. In facilitating this discussion I try to make sure that everyone has a chance to speak in order make clear that I will be concerned about everyone and not just those who talk the most. This discussion can often continue for quite a while, since it in effect opens the floodgates. When this tide eventually abates (which may be the next session), I turn the group's attention to the topic of what they can do about all these problems.

This leads to a lecturette which covers the rationale of cognitive therapy, the relationship between events, thoughts, and feelings, and the effect on feelings and behavior of self-talk, assumptions, and expectations of oneself, others, and life in general. Since this material has been given excellent coverage elsewhere, I will not repeat it here but will instead refer the reader to such sources as Beck, et. al.'s Cognitive Therapy of Depression (1979), Beck and Emery's Anxiety Disorders and Phobias (1985), Burns' Feeling Good: The New Mood Therapy (1980b), McKay, Davis, and Fanning's Thoughts and Feelings (1981), and Meichenbaum's Stress Inoculation Training (1985). At the end of this session (sometimes at the end of the first session) I hand out copies of Burns' article "The Perfectionist's Script for Self-Defeat" (1980a).

Session Three

This session begins with a final review of everyone's name and a brief period for comments and questions about the Burns article. I review the cognitive therapy material from the previous session and then introduce a small group exercise for a change of pace. I divide the members into groups of three or four and give them the task of creating a list of both the advantages and disadvantages of being perfectionistic (Burns, 1980a). The list of disadvantages is inevitably longer than the advantages, often twice as long. It provides a visual demonstration of the fact that the disadvantages

outweigh the advantages. This helps to build leverage against each member's resistance to making changes. It also provides insight into how their perfectionism, despite the problems it creates, has been maintained by periodic reinforcement through its advantages.

When the work is completed in the small groups, their lists are compiled into a master list on the blackboard with items discussed and clarified as needed. I encourage the member's to pay particular attention to the advantages which apply to themselves personally, since the fear of losing these will drag against their efforts to change. I ask them to examine the assumption that these advantages do in fact derive from being perfectionistic and to consider the possibility that they might occur anyway, in spite of perfectionism. As Burns has pointed out (1980a), the assumption that the advantages are caused by perfectionism has usually not been tested.

The master list of advantages and disadvantages is copied from the blackboard, reproduced, and a copy is given to each member the following week.

When this exercise is complete, I introduce the idea of cognitive distortions as habitual modes of thinking which, because of their irrationality, contribute to problems such as perfectionism. A list of 15 cognitive distortions is provided and each one is discussed in detail using examples relevant to the members' lives in order to make each one as vivid as possible. This is a considerable amount of material to cover and a change of pace in the middle is usually necessary. Often this can be accomplished by presenting the first half of the list in Session Three and the second half in Session Four.

A good discussion of cognitive distortions can be found in Burns' Feeling Good: The New Mood Therapy (1980b), and in McKay, Davis, and Fanning's Thoughts and Feelings (1981). My own list blends and also departs from these sources. This list I currently use contains the following (see Appendix A for brief definitions):

Dichotomizing
Overgeneralizing
Magnifying Negatives
Discounting Positives
Fortune-Telling
Mind-Reading
Catastrophizing
Minimizing
Emotional Reasoning
Moralizing
Labeling
Personalizing
Grandiosity
Overwhelming Oneself
Hindsight

Session Four

The session begins with a distribution of the list of perfectionism's advantages and disadvantages, and a reminder to pay special attention to the advantages and their assumed derivation from perfectionism.

I then ask the group to think about whether they have noticed any changes so far. Members typically report having become self-conscious

of their own self-talk and of cognitive distortions in their own thinking and in the conversation of others. Many report feeling somewhat more relaxed in areas that have previously been highly stressful, such as examinations. No one has yet reported a decline in the quality of their work. Quite oppositely, most find that the quality has improved. Many also report a decrease in their procrastination and a decreased amount of worry in general. Occasionally a member will report a status of no change, to which a reminder that we are not yet halfway through and a promise to check back with them nearer the end is usually sufficient.

If the material on cognitive distortions was not completed in Session Three, now is the time to return to it, including a review of the material covered the previous week.

When this is completed, I tell the group to take out paper and pencils in order to take a test on the material that has been covered so far. This produces immediate groans and grimaces and, when they have just begun to search, I interrupt with the instruction to cease the search and pay attention instead to the thoughts that have just crossed their mind. I then ask for samples of these thoughts and list them on the blackboard or, in slower groups, I prime the pump by writing an example of what they might have thought:

> "What a creep! I always do lousy when I'm put on the spot like this. This makes me so nervous it probably won't help at all. He just wants to see if I've been paying attention."

This paragraph contains examples of labeling, overgeneralizing, fortune-telling, mind-reading, personalizing, and by implication, catastrophizing, and dichotomizing.

The group's task is to identify the cognitive distortions. A few additional paragraphs or self-statements provide further practice and will usually bring the group to a reasonable skill level in recognizing and identifying distortions. Breaking down into smaller groups with more material to use for practice can be done if needed and can provide a good change of pace. A particularly useful focus can be generated by asking the members to recall what they say inwardly when they are angry at themself or are being self-critical.

Session Five

By this time the group has become familiar with the cognitive approach and has developed some skill in recognizing distorted thinking. The members have gained insight and understanding into the problem of perfectionism and the mechanisms which maintain it. The work remaining to be done is illustrated by the following, frequently asked question: "I can see what I'm doing wrong, but what can I do to change it?"

To answer this question the group members must become involved in the hard work of rethinking habitual forms of self-talk and basic

assumptions about themselves and life in general. One approach to this task is use of the Self-Critical Thoughts Worksheet (Burns, 1980b). This is a one-page form divided into three sections. The left side is headed "Self-Critical Thoughts," the center "Cognitive Distortions," and the right "Objective, More Self-Enhancing Replacement." Participants are given some time on their own to work on the form. For example, one person's self-critical thought might be, "You stupid idiot! You know you should be able to do this right!" The distortions are labeling, moralizing, and dichotomizing. The hard part, devising an objective, more self-enhancing replacement, might result in something like, "I'm not always as skillful as I would like to be, but I'm not an idiot. This is not something that has a right or wrong result, and I would prefer to get as much out of it as possible, so I will work at it and see if the results are useful."

In this manner the self-talk slogans become thoughtful attitudes. Most people experience some difficulty working out these new, realistic attitudes. Frequent examples and some coaching can be very helpful.

Based on willingness, members are asked to share their work with the group. The examples thus generated can further serve to facilitate and reinforce realistic thinking.

The leader must emphasize that re-thinking one's outlook and reformulating one's self-talk one time will not bring about lasting changes. The old attitudes and habits are sure to return, but when they do the antidotes are prepared and can readily be brought to bear.

The participants will vary in their ability to recall how they talk to themself, and it is therefore very useful to elicit self-talk during the group meeting. The previous example of announcing a test accomplishes this. A more extended activity is the Word Search Exercise, based on the previously cited study by Howard Garland.

The participants, who are not informed in advance of the actual purpose of the exercise, are divided into three groups. This arrangement carries the implication of competition between groups, though it is left to each member to later observe whether he or she made this inference. Everyone is given a sheet of paper with brief instructions at the top and a column of numbers down the left margin. Just below the instructions is a row which says "Word 1... Word 2..." etc., up to "Word 5." The instructions tell them to write as many associations as they can think of to each of five words that will be presented, and to write each list in the appropriate column. They will have one minute per word. I use words such as bicycle, tree, chair, school, and airplane. An alternative instruction is to present adjectives such as green, tall, strong, etc., and have them list objects related to each adjective. A scale for rating the amount of enjoyment experienced in doing this exrcise can be included at the bottom of the page.

Group One receives pages which are numbered 1-8 in the left margin. Group Two's pages are numbered 1-12, and Group Three's 1-16. Silence is requested when the pages are handed out so that comments on

these numbers are avoided. It can be mentioned, casually, that these numbers merely show the average number of associations or objects usually listed, but the participants are to write however many they can think of.

These numbers, however, do create an expectation and, when the lists are completed and tallied, Group One typically has the lowest average, and Group Three the highest. Group One typically enjoys the exercise the most and Group Three the least. The obvious lesson about the negative effects of extremely high standards can be made.

The finest use of this exercise, however, is to ask the participants to write down the inner conversations they were having with themselves as they went through it. A great deal of self-criticism, moralizing, and harsh demand is usually elicited, which provides marvelous grist for continued work on developing objective, more self-enhancing attitudes.

If there is time remaining at the end of this session, an exercise of brainstorming personal rights has proved to be useful for most participants. Some examples of personal rights are provided in order to get ideas flowing - e.g., a right to say no, to be tired, to express opinions, etc. - and small groups are formed to create lists. Their lists are then compiled into a master list on the blackboard and specific connections to perfectionism can be made - for example, a right to make mistakes. Recognition of personal rights is particularly relevant to overcoming the guilt felt by many people who are perfectionistic when they fail to live up to an ideal. The guilt is a negative reinforcer for perfectionistic behavior.

Session Six

The basic focus for this session is the relatively unconscious area of assumptions or "schemas" (Beck, 1979), as compared to the relatively conscious area of self-talk which has previously been the focus. Assumptions or schemas are prepotent, cognitive organizations, perhaps in a sense "philosophies," that determine what elements of a given situation will be perceived as important and how that situation will be interpreted. A schema held by some individuals, for example, would lead them to regard the Word Search Exercise as competitive, whereas others whose cognitive organization does not contain such a schema would not regard the exercise as competitive. Since these structures are general, underlying patterns, asking group members to, on demand, become aware of them is asking too much. In order to facilitate awareness, I use a list which I have developed called "Perfectionism's Assumptions." Some examples from the 39 items currently on the list are:

1. If I can do something well once, I should be able to do it well every time. (It is instructive to observe the impact of this assumption on the game of golf.)
2. I should be able to do anything if I try hard enough.
3. I will have wasted my life if I do not completely live up to all of my capabilities.

4. Anything I do must be my best.
5. Failing at something makes me less of a person.
6. Doing things extremely well will keep me from being criticized.
7. Setting the highest standards I can will result in optimal performance and satisfaction.
8. If I can do something, it is no big deal.
9. If I am not superior, I am inferior.
10. I should always improve on what I have done in the past.

Each member is given a copy of the list and asked to identify the assumptions with which they identify most closely. They then meet in small groups and work, at least initially, on the assumptions they share in common. The task is to assume that each statement is in some way unrealistic and to develop a reformulation that is realistic. Again, many members struggle with this, finding it easier to identify what is wrong than to develop a more rational alternative. Occasionally even the step of identifying the irrationality of the assumption is elusive and the deeply ingrained, automatic nature of the assumption is illuminated. This has occurred, for example, with the statement, "I should be able to do anything if I try hard enough." An example of a physical activity, such as running a mile in three minutes (or, for most of us, even 10 or 15 minutes), is usually sufficient to weaken the belief. A reformulation of this assumption usually takes the general form of, "There are many things I can do if I work hard at them, but some things will be beyond me and others I may only achieve in part, and there is no shame in that."

The reformulations need to be worked out by each member for himself or herself individually. What rings with the sound of sweet reason for one member may not to another. The impact of the reformulation will increase in relation to its personal meaning and significance.

This exercise can take a considerable amount of time and produce some vigorous debates. This can readily occur, for example, in a discussion over whether or not the statement, "I must justify my existence," is unrealistic.

Once the small groups begin to wind down their discussion, they can be brought together to share their results. I regard this sharing as important because if provides an opportunity to hear a wide variety of unrealistic assumptions and their reformulations. A beneficial modeling effect occurs.

If time permits, a rewarding change of pace can be achieved by raising the question of how each member believes their perfectionism got started. Members of my groups have frequently cited factors such as harsh parental criticism, high parental expectations and standards, competition with siblings and peers at school and in sports, and pressure and expectations from teachers. Some recall decision points, sometimes after a period of drug abuse or delinquency, when they determined to change their lives. Others recall the grief caused to their parents by delinquent siblings and a resolve to be good and not add to the problems. My general impression is that an early

environment which inhibits the development of autonomy, initiative, assertiveness, and a sense of control over one's life is conducive to the development of perfectionism.

Session Seven

The final session presents a challenge to the leader since the group is ready for the core task of reformulating their own goals and must also be moved to closure and termination.

A useful structure for reformulating goals is the Goal-Changing Worksheet based on Burns' (1980b) triple-column technique (as was the Self-Critical Thoughts Worksheet). The left-hand column of the Goal-Changing Worksheet provides space for each member to list the areas of their life in which they have been perfectionistic - e.g., school, housekeeping, grooming. The middle column asks for a list of the old, perfectionistic goals in each area of perfectionism. The right-hand column asks for a formulation of new, acceptable, and realistic goals.

Working independently, most participants become quite involved with this exericse since it is an oppoortunity to bring the skills they have learned in the previous six weeks to bear on a central issue.

One member who was perfectionistic about sex listed her old goals as, "Sex must always be exciting, perfect, and outstanding." She reformulated this as, "Sometimes I'm in the mood and sometimes I'm not. Like most things in life, there is variety in sexual situations. Some are more enjoyable for me than others, some are exciting, and some are blah. Being stressed about my performance does not help."

Another woman found herself being quite perfectionistic about a class project. Her original goal was, "It has to be the best ever done by anyone." Her reformulation was, "I can define and limit the project, and learn something from the process. It would be nice if it is the best ever, but striving for that just makes it worse, so I'll promise myself to do a good job and let the factors outside of my control take care of themselves."

A man who was perfectionistic about athletic competition wrote, "My old goal was to win, to be the best." In making this more realistic he wrote, "I want to play well and improve, and I like to win but that won't necessarily happen all the time. Even if I lose I can have enjoyed the game and the challenge of the competition. There is much more to a game for me than the either/or result of winning or losing, and while I don't enjoy losing I can certainly live with it."

Once these reformulations have been worked out individually, the group is reconvened in order to give members some time to share their results. In addition to the opportunity this provides for hearing a wide variety of realistic goals, there is value in the public statement for increasing each person's commitment to these changes.

In bringing the group to termination, there are four areas which deserve attention. It is important to recognize changes which have occurred, and the group can be asked to spend a few minutes talking about the changes they have perceived. There can be a wide range. One member might report that he or she feels slightly less stressed than before, and another might report that the group has transformed his or her life and awakened vast new realms of personal growth. Most fall somewhere in between.

Changes typically reported include an increased feeling of control over reactions and emotions, decreased feelings of stress, more enjoyment from work and activities, an increase in productivity and creativity, and improved self-esteem. Although there have been no reports of no change or of negative change, it is necessary to remember that the reports during this session are obtained from members who have persisted in the group. It is clearly possible that members who leave the group early may do so because they do not perceive the group as being helpful, and a systematic outcome evaluation would need to include this population.

It is also important during termination to raise the question of how the benefits can be sustained. I have found it useful to ask the members to think ahead and imagine a future situation to which they might react with their old perfectionistic habits, and then to imagine themself applying the skills used in the group to develop a more realistic and self-enhancing way of responding. This mental rehearsal can assist the generalization of skills to future situations.

Another issue, also related to the future, is the potential of each member to discount the group experience (Corey and Corey, 1979). I ask the members to imagine themselves a year in the future talking with others who have negative, condescending, or perhaps mocking attitudes toward groups. The members, I suggest, may experience a tendency in such situations to discount their group experience, thereby alienating themselves from that experience and diminishing its beneficial effects. I encourage them to resist taking such an attitude in order to sustain the momentum provided by the group.

Finally, the Perfectionism Scale is administered as a post-test. I have occasionally been pressed for time and have administered the scale in a hurry. The consequent feedback from members has made me conscientious about allowing plenty of time for both the initial and final adminstrations. Despite the fact that this scale has not been evaluated psychometrically and the significance of any given score is therefore open to question, group members take their results seriously and want time to consider their answers. Even without the advantages of statistical reliability and validity, the amount of change on pre-post tests does have a therapeutic benefit in symbolizing and reinforcing the changes that members have experienced. As mentioned previously, the amount of change has ranged up to 15 points on the 40 point scale. Once or twice there has been a change of one or two points toward more perfectionism rather than less. This has involved initial scores close to zero, either on the positive or negative side, and these members have recalled that their initial score was a reflection of how they wanted to think rather than a reflection of

their actual beliefs.

One Final Thought...

Increased interest in perfectionism during the past six years has produced advances in theoretical understanding and progress in the development of treatment techniques. At this point both theory and therapy have outpaced research. The area suffers from the lack of a reliable and valid instrument with which to measure perfectionism, its correlates, and the outcomes of treatment. Further advances can occur rapidly once such an instrument becomes available.

Appendix A

COGNITIVE DISTORTIONS

1. DICHOTOMIZING - Thinking in terms of either/or, good/bad, success/failure, fat/thin, etc., and excluding the range in between.

2. OVERGENERALIZING - Using such words as always, never, every one, every time, whenever, etc., when they are not true.

3. MAGNIFYING NEGATIVES - Dwelling on a negative event so that it gains excessive importance and influence in your feelings.

4. DISCOUNTING POSITIVES - Ignoring positive events, such as compliments, so that their importance and influence is lost.

5. FORTUNE-TELLING - Jumping to conclusions about how something will turn out without considering other potential outcomes.

6. MIND-READING - Jumping to conclusions about what others are thinking without considering other possibilities.

7. CATASTROPHIZING - Exaggerating the extreme negative; seeing something as excessively bad, awful, unbearable, necessary, etc.

8. MINIMIZING - Diminishing your own accomplishments or other peoples imperfections.

9. EMOTIONAL REASONING - Accepting a feeling as proof of a fact, as in "I feel worthless, therefore I am worthless."

10. MORALIZING - Using words such as should, must, ought, have to, etc., when they imply duty or obligation where none exists.

11. LABELING - An extreme form of overgeneralizing; calling oneself or others names such as loser, stupid, klutz, etc.

12. PERSONALIZING - Wrongly assuming your influence on a situation, such as assuming a friend's bad mood is caused by something you did when in fact it is not.

13. GRANDIOSITY - Having unrealistically high expectations of yourself, such as expecting yourself to perform a new skill easily even though everyone else has difficulty.

14. OVERWHELMING YOURSELF - When faced with many tasks, thinking about them all at once so that they seem impossible to do.

15. HINDSIGHT - Nagging yourself about how things would be different now if only you had done something different in the past.

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